

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Gwen Callender for Judge												
Full Name of Contributor Dee Anna Chickerella						Registration Number, if PAC						
Street Address 9496 Emerson Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Powell		State O H		Zip Code 43065		M 1 0		D 1 2		Y 1 3		Amount 50.00
Full Name of Contributor Jason McDonald						Registration Number, if PAC						
Street Address 1165 Blois Drive			Employer/Occupation/Labor Organization* FOP of Ohio/President				Form (Cash, Check, etc.) Check					
City Marion		State O H		Zip Code 43302		M 1 0		D 1 2		Y 1 3		Amount 150.00
Full Name of Contributor Kay E Cremeans						Registration Number, if PAC						
Street Address 5699 Saint Paul Road			Employer/Occupation/Labor Organization* FOP/OLC Inc/Attorney				Form (Cash, Check, etc.) Check					
City Ashville		State O H		Zip Code 43103		M 1 0		D 1 2		Y 1 3		Amount 200.00
Full Name of Contributor Jeffrey D Mackey						Registration Number, if PAC						
Street Address 1538 Melrose Avenue			Employer/Occupation/Labor Organization* Fusco Mackey Matthews/Attorney				Form (Cash, Check, etc.) Check					
City Columbus		State O H		Zip Code 43224		M 1 0		D 1 6		Y 1 3		Amount 50.00
Full Name of Contributor James V Battigaglia						Registration Number, if PAC						
Street Address 8879 Schrockton Street			Employer/Occupation/Labor Organization* Archer Co/Regional Director				Form (Cash, Check, etc.) Check					
City Powell		State O H		Zip Code 43065		M 1 0		D 1 6		Y 1 3		Amount 100.00
Full Name of Contributor IBEW PAC Voluntary Fund						Registration Number, if PAC C00027342						
Street Address 900 Seventh Street NW			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Washington		State D C		Zip Code 20001		M 1 0		D 1 6		Y 1 3		Amount 500.00
Full Name of Contributor Columbus Firefighters Union L-67 PAC Fund						Registration Number, if PAC LA 839						
Street Address 1380 Dublin Road, Suite 103			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Columbus		State O H		Zip Code 43215		M 1 0		D 1 6		Y 1 3		Amount 1,500.00
Full Name of Contributor Contributions from Form No. 31-E						Registration Number, if PAC						
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)					
City		State		Zip Code		M		D		Y		Amount
		 				0 4		0 3		1 3		4,579.99

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]